



Last Updated: 03/09/2022

Changes to the Preauthorization of Outpatient Psychiatric Services and Changes to the Mental Health Clinic Provider Manual

The purpose of this memorandum is to provide information regarding changes to the pre- authorization (PA) process for Outpatient Psychiatric Services and to provide an explanation of the resulting updates to the Mental Health Clinic Manual. In addition, several other changes are being made to bring the Manual up to date. Effective May 22, 2006, KePRO, DMAS' new PA Contractor, will accept PA requests for Outpatient Psychiatric Services.

Specific information regarding all other psychiatric services, including inpatient acute psychiatric hospital, psychiatric residential treatment (Level C) and treatment foster care case management will be covered in a separate memo.

KePRO IS THE NEW DMAS PA CONTRACTOR

KePRO is an innovative healthcare management solution company that will conduct PA for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for-service programs. DMAS will continue to process all pre-authorizations, appeals, and pended cases with date of receipt up to and including, May 21, 2006.

CHANGES IN SERVICES LIMITS AND PA CRITERIA

Effective May 22, 2006 the service limits for outpatient psychiatric services will change from 5 visits to 26 visits in the first treatment year. After the initial 26 visits, preauthorization is required. Final determinations will be made using InterQual Behavioral Health Criteria with supplemental questions, as determined by regulations where InterQual does not specifically meet DMAS' Outpatient Psychiatric Service criteria. Training will be provided by KePRO regarding their PA process. Please plan on attending one of the trainings identified in an upcoming Medicaid Memo.



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KePRO's hours of operation are from 8:00 a.m. to 7:00 p.m., Monday through Friday, EST (except on some state holidays). The information you are required to submit for the PA is identified in the *Psychiatric Services Manual* and the *Mental Health Clinic Manual*. Attached to this memorandum is the Outpatient Prior Authorization Request form that will be used to identify critical information to process the request for service.

KePRO CONTACT INFORMATION

KePRO will accept requests for PA via iExchange (direct data entry through the web), fax, mail, or phone. The preferred method for requesting PA for Outpatient Psychiatric Services is through iExchange.

To submit requests via iExchange, log on to [DMAS.KePRO.org](https://dmas.virginia.gov/KePRO) and register for a provider web account. You must have a provider web account before submitting information through iExchange. To register for a web account, you must know your Medicaid provider number and tax identification number.

To submit requests via phone, fax, or mail you may submit your requests to:

KePRO

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 497-1333

Fax: 1-877-OKBYFAX (1-877-652-9329)

2810 N. Parham Road, Suite 305

Richmond, VA 23294

CHANGES TO THE MENTAL HEALTH CLINIC MANUAL

The attached table shows the changes to the manual. Please download and insert the new pages in your manual and retain the attached table. The changes described in this Memorandum are effective **May 22, 2006**. Please review these changes carefully. These changes provide for the following:

The amendments to Chapter II: Marriage and Family Therapists were added to the list of psychiatric provider qualifications and revisions were made to the Appeals and Reconsideration of Adverse Actions section.

The amendments to Chapter IV: Marriage and Family Therapists were added to



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the list of psychiatric provider qualifications; extrapolation was deleted from the Compliance Review section, and the Extension Form 412 was deleted from the Exhibits. In addition, information regarding prior authorization requirements that have been removed from Chapter IV; in addition, a new Appendix C that has been added to this Manual to address prior authorization services, limits, and the new PA vendor, including EPSDT.

The amendments to Chapter VI: Extrapolation was removed from Compliance Review, and revisions were made to Reconsideration and Appeals.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid



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Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.